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The embodiments of the invention in which an exclusive property or privilege is claimed are as follows:

1. A method of treating iron induced cardiac disease in a blood transfusion dependent patient experiencing an iron overload condition of the heart, said method comprising administering to the patient a therapeutically effective amount of deferiprone or a physiologically acceptable salt thereof sufficient to stabilize/reduce iron accumulation in the heart resulting from being transfusion dependent.

2. A method of treating iron loading in the heart of a blood transfusion dependent patient experiencing an iron overload condition of the heart, said method comprising administering to the transfusion dependent patient a therapeutically effective amount of deferiprone or a physiologically acceptable salt thereof sufficient to reduce further iron overload in the heart normally associated with iron induced cardiac disease.

3. A method of treating iron loading in the heart of a blood transfusion dependent patient risking iron overload of the heart, comprising the administration of a therapeutically effective amount of deferiprone or a physiologically acceptable salt thereof to the patient.

4. A method of stabilizing iron induced heart disease in blood transfusion dependent patients having iron overload, comprising the administration of a therapeutically effective amount of deferiprone or a physiologically acceptable salt thereof sufficient to treat the iron burden in the heart normally associated with iron induced cardiac disease.

5. A method of reducing the iron burden in the heart associated with iron induced heart disease in blood transfusion dependent patients having iron overload, comprising the administration of a therapeutically effective amount of deferiprone or a physiologically acceptable salt thereof sufficient to reduce the iron burden of the heart normally associated with iron induced cardiac disease.

6. A method of treating iron induced heart disease in a blood transfusion dependent patient having an iron overload condition of the heart comprising administering to the patient a therapeutically effective amount of deferiprone, or a physiologically acceptable salt thereof in order to reduce the iron stores in the heart in preference to general iron stores in the body, such as found in the liver.

7. A method of treating iron loading in the heart of blood transfusion dependent patient having an iron overload condition of the heart comprising administering to the patient a therapeutically effective amount of deferiprone or a physiologically acceptable salt thereof to chelate the iron stores in the heart in preference to general iron stores in the body, such as found in the liver.

8. A method of treating iron loading in the heart of blood transfusion dependent patient having an iron overload condition of the heart comprising administering to the patient a therapeutically effective amount of deferiprone or a physiologically acceptable salt thereof to reduce the iron stores in the heart in preference to general iron stores organs/tissue in the body, such as found in the liver.

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9. A method of treatment of iron induced heart disease in a blood transfusion dependent patient having an iron overload condition of the heart comprising administering to the patient a therapeutically effective amount of deferiprone or a physiologically acceptable salt thereof for the direct reduction/removal of intracellular iron stores in the heart.

10. A method to reduce the occurrence of iron-induced cardiac disease in a blood transfusion dependent patient with an iron overload condition, comprising administering to said patient a therapeutically effective amount of deferiprone or a physiologically acceptable salt thereof, wherein deferiprone's efficacy is cardio preferential when compared with its ability to lower total iron stores in the body.

11. The method of claims 1, 2, 3, 4, 5, 6, 7, 8, 9 or 10 wherein deferiprone or a physiologically acceptable salt thereof is administered orally for treating the risk of iron induced heart disease in patients having iron overload.

12. The method of claims 1, 2, 3, 4, 5, 6, 7, 8, 9 or 10 wherein deferiprone or a physiologically acceptable salt thereof is present in an oral dosage form with other excipients.

13. The method of claims 1, 2, 3, 4, 5, 6, 7, 8, 9 or 10 wherein the administration frequency to the patient of an amount of deferiprone or a physiologically acceptable salt thereof is daily in the range of up to 150 mg per kilogram of body weight.

14. The method of claims 1, 2, 3, 4, 5, 6, 7, 8, 9 or 10 wherein the administration frequency to the patient of a dosage amount of deferiprone or a physiologically acceptable salt thereof is daily in the range of up to 125 mg per kilogram of body weight.

15. The method of claims 1, 2, 3, 4, 5, 6, 7, 8, 9 or 10 wherein the administration frequency to the patient of a dosage amount of deferiprone or a physiologically acceptable salt thereof is daily in the range of 25 mg to 75 mg per kilogram of body weight.

16. The method of claims 1, 2, 3, 4, 5, 6, 7, 8, 9 or 10 wherein deferiprone is administered in a manner selected from the group of intravenously, transdermally, rectally, orally, buccally, or aurally.

17. The method of claims 1, 2, 3, 4, 5, 6, 7, 8, 9 or 10 wherein deferiprone is administered orally.

18. The method of claims 1, 2, 3, 4, 5, 6, 7, 8, 9 or 10 wherein deferiprone or a physiologically acceptable salt thereof is in a sustained release formulation.

19. The method of claims 1, 2, 3, 4, 5, 6, 7, 8, 9 or 10 wherein deferiprone has a cardio preferred/selective function when compared to desferrioxamine or other alternative chelating agents utilized in patients suffering iron overload.

20. The method of claims 1, 2, 3, 4, 5, 6, 7, 8, 9 or 10 wherein desferrioxamine is administered in addition to deferiprone.

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